



Public Health
Environmental Health Services
APPLICATION FOR LANDSPREADING OF SLUDGE

www.SBCounty.gov
www.sbcounty.gov/dph/dehs
Phone: (800) 442-2283



THIS SECTION TO BE COMPLETED BY APPLICANT				
OWNER INFORMATION				
Owner Name		DBA		
Mailing Address		City	State	Zip
Phone Number	Email	All Standards Met in § 33.08175: <input type="checkbox"/> Yes <input type="checkbox"/> No		
LANDSPREADING PROPERTY OWNER LOCATION INFORMATION				
Property Owner Name		Assessor's Parcel Number	Phone Number	
Address		City	State	Zip
<input type="checkbox"/> Attach written approval (signed contact) of property owner(s) where landspreading is proposed.				
<p>§ 33.08175 The following standards shall be considered as minimum requirements to be met when the DEHS reviews for approval a landspreading proposal. The DEHS may with cause increase these minimum standards for the protection of the public health and surface and ground water resources. These standards are:</p> <p>(a) Filing of an analysis of the sludge, not more than one year old, prepared by a qualified California Department of Health Services Certified Laboratory which lists concentrations of all heavy metals of concern, including cadmium, copper, nickel, lead, chromium and zinc, nitrogen content (total Kjeldahl nitrogen and ammonium), selected organic compounds, pH, solids content, and any other constituents as determined by the DEHS at the time of application submission. The applicant shall certify that the sample of sludge tested for the analysis mentioned here was a composite sample of the type of sludge, and a true sample of the sludge, that will be handled under the applied-for approval;</p> <p>(b) Certification by the applicant that the following minimum separations from the landspreading shall be met:</p> <ol style="list-style-type: none">(1) Operating dairy with lactating cattle: one-half mile.(2) Any public water supply well: one-half mile.(3) Any residence(s) other than that of the property owner: 500 feet.(4) Any institution: 500 feet.(5) Any live stream, lake or surface impoundment: one-half mile.(6) Produce farms, vegetables, fruits and other crops for human consumption: 500 feet. <p>(c) Statement by the property owner as to whether any application of sludge has been made to the property proposed for landspreading within the past ten years. If yes, then a current analysis of the soil and/or plant growth from the proposed landspreading area as directed by the DEHS;</p> <p>(d) Copy of the most recent National Pollution Discharge Elimination System (NPDES) or waste discharge requirements (WDR) permit from the California Regional Water Quality Control Board with jurisdiction for the facility(ies) and discharges approving the sludge to be landspread;</p> <p>(e) The proposed rate in tons per acre at which the landspreading is to be made;</p> <p>(f) The material(s) which may be mixed with the sludge before, during, or after landspreading and in what proportions. The Department of Environmental Health Services may make requirements for additional information concerning content, storage, and handling of such materials as it shall deem necessary;</p> <p>(g) A hydrogeologic report certificated by a California registered engineer or certified engineering geologist qualified under the California Business and Professional Code for preparation of such a report that the application of the sludge to include any additives does not violate current Federal, State, or local standards or guidelines. Required items shall include:</p> <ol style="list-style-type: none">(1) Depth(s) to ground water (present and historic);(2) Ambient ground water quality;(3) Information concerning perennial stream(s), lake(s), or surface impoundments within one-half mile of the proposed landspreading site and the anticipated impact to water resources resulting from the proposed landspreading operation;(4) Other requirements may be made by DEHS at the time of application submission.				
Signature X		Date		
Print Name		Title		
For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only				
Fee:	FA Number:	Record ID:	PE Number:	
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:	
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):		